



Georgia Department of Human Services
Division of Family & Children Services

SNAP WORKS CHECK REQUEST FORM

____ COUNTY DFCS

DATE: ____

TO: REGIONAL ACCOUNTING: #

FROM: _____, SNAP WORKS ES WORKER

MONTH/YEAR OF SERVICE: ____

AMOUNT: \$____

VENDOR/ADDRESS: _____

CUSTOMER SOCIAL SECURITY NUMBER: _____

CUSTOMER/ADDRESS: _____

MAIL TO: ☐ CUSTOMER

☐ VENDOR

☐ MAIL TO DFCS OFFICE

FOR VENDOR PAYMENTS, PLEASE PRINT INVOICE NUMBER ON CHECK PAYMENT, IF INDICATED BELOW:
INVOICE#: _____

☐ **549 SNAP WORKS TRANSPORTATION SERVICES**

- ☐ 16 Recipient Transportation (\$5/day up to maximum \$110.00 per participant/month)
- ☐ 23 Arranged/Provider Transportation (\$110.00 maximum per month/provider)
- ☐ 25 E&T Transportation (\$25 per provider)
- ☐ 34 PRP Transportation - \$25 Up-Front Payment to Participate
- ☐ 59 EIS Transportation Payment (\$25 per month maximum, up to 3 months)

☐ **559 SNAP WORKS INCIDENTALS FOR PARTICIPANTS IN WORK EXPERIENCE**

- ☐ 26 Recipient Incidentals

☐ **569 SNAP WORKS INCIDENTALS FOR PARTICIPANTS IN EDUCATION/TRAINING**

- ☐ 21 Adult Education/GED
- ☐ 22 Other Tuition
- ☐ 26 Recipient Incidentals
- ☐ 37 Books, Registration, & Testing Fees

589 SNAP WORKS INCIDENTALS FOR PARTICIPANTS IN OTHER ACTIVITIES

- ☐ 37 Books, Registration, & Testing Fees
- ☐ Required Wearing Apparel
- ☐ 39 Tools and Supplies
- ☐ Occupational Licensing Fees
- ☐ 98 Work Support Payment (\$75 per participant maximum)

ATTACH GATEWAY SCREENS IF USED

SNAP WORKS CASE MANAGER'S SIGNATURE/DATE

SUPERVISOR'S SIGNATURE/DATE

SNAP WORKS CASE MANAGER'S PRINTED NAME

SUPERVISOR'S PRINTED NAME